

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041408

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 5

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1110

2 2029

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4 0

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12 91.3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Peters Township</u>		c. CITY OR TOWN <u>St Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 34 East of Patterson</u>		d. STREET ADDRESS <u>3442 Texas Ave</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Larry</u> Middle <u>Dwane</u> Last <u>Stokes</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-26-42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crown Zellerbach Corp. Warehouse Mo</u>	
13a. FATHER'S NAME <u>Claude Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Rundle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Clifton Stokes</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Stokes</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>163 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell out of car on sharp curve</u>		20c. TIME OF INJURY Hour _____ Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>South of Clark Creek Bridge Hwy 34 near Patterson</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____		20f. CITY, TOWN, OR LOCATION COUNTY <u>Wayne</u> STATE <u>Mo</u>	
Death occurred at <u>3:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>Oct. 20, 1962</u>	
23a. SIGNATURE (Degree or title) <u>Marvin E. Bowles Coroner</u>		22b. ADDRESS <u>Piedmont, Mo</u>	
23b. DATE <u>10-23-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Matthews</u>	
23d. LOCATION (City, town, or county) <u>St Louis</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>William E. Bowles</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-62</u>	
26. REGISTRAR'S SIGNATURE <u>Sheila Lovelace</u>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Bedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.